

**ILLINOIS STATE UNIVERSITY**  
**Non PHS Funded Significant Financial Interests Disclosure Form**  
 (Note: PHS funded projects should complete the PHS Disclosure Form ([PHS Disclosure Form](#)))

(Check boxes next to statements to indicate your acceptance.)

- I certify that I have read and understand the Illinois State University Financial Interests Disclosure Policy (7.1.1). [Please see <http://www.policy.ilstu.edu/policydocs/financial.html>]

Please check (a) or (b) below. If (b) is checked, also check one or more items below (b).

- (a) To the best of my knowledge, I and/or my spouse/partner and/or any member of my family **do not have** "Significant Financial Interests" required to be disclosed according to the Illinois State University policy governing Significant Financial Interests.

- (b) I and/or my spouse/partner and/or any member of my family **have** "Significant Financial Interests" required to be disclosed according to the Illinois State University Significant Financial Interests Disclosure policy. These "Significant Financial Interests" are as follows (please check all that apply and attach additional documentation as necessary):

- Salary or other payments for services**, e.g. consulting fees or honoraria expected to exceed \$10,000 in the next twelve months (when aggregated for you, your spouse/partner, and family members.) Please explain the nature and value of this financial interest and how it would reasonably appear to affect or be affected by your research:


- An equity interest**, e.g. stock, stock options, etc. with a fair market value over \$10,000 or which represents more than 5% ownership in any single publicly held entity (when aggregated for you, your spouse/partner, and family members.) Please explain the nature and value of this financial interest and how it would reasonably appear to affect or be affected by your research:


- Any equity interest in a privately held company** (by you, your spouse/partner, or family members). Please explain the nature and value of this financial interest and how it would reasonably appear to affect or be affected by your research:


- Holding the position of an **officer** (e.g., CEO, Chief Scientific Officer, VP for Research) of a company (by you, your spouse/partner, or family members). Please explain the nature and value of this financial interest and how it would reasonably appear to affect or be affected by your research:


- Intellectual property rights** (e.g., patents, copyrights and royalties from the rights). Please explain the nature and value of this financial interest and how it would reasonably appear to affect or be affected by your research:


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- I and/or my spouse/partner and/or a family member are involved in outside activities not identified above which may give the appearance of a conflict of interest. Please explain the nature and value of this financial interest and how it would reasonably appear to affect or be affected by your research:


**Important:** If you have answered “yes” to any of the above questions, a potential conflict of interest exists in the conduct of this activity. This potential conflict must be reviewed by the Associate Vice President for Research. If a potential conflict is determined to exist the matter will be referred to the Significant Financial Interest Review Committee. To assist the AVP and committee in a timely review of the potential conflict, please attach a full and complete explanation of the nature of the relationship you (or your spouse/partner or family member) has with the sponsoring entity or other company in which you have a financial or ownership interest. Suggested strategies for managing, reducing, or eliminating the conflict may also be included in the explanation. To preserve the objectivity of research at ISU, this new research or other activity may not begin until all financial conflicts of interests have been satisfactorily addressed.

- I agree to comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate identified conflicts of interest in sponsored research.
- I understand and agree to update this disclosure form should my Significant Financial Interests (and/or those of your spouse/partner or family members) change during the period of any sponsored research grant or contract funding.

Signature:

Printed Name:

University title and Department/Unit:

Date:

**PLEASE RETURN THIS FORM TO: Associate Vice President for Research, Campus Box 3040**

Resolution:

- Referred to SFIRC
- No further review required

Signature: \_\_\_\_\_  
John E. Baur, Associate Vice President for Research

Date: \_\_\_\_\_

**Copy to: RSP Project File**